



Winooski Department of Recreation and Community Wellness

32 Malletts Bay Ave · 655 6426 ext 19 radimasi@onioncity.com

2009 Membership form and Waiver

Become a Recreation & Wellness member – Just \$10 a year
(this fee will count toward any program expenses)

- Receive info on programs that interest you and your family.
- Easy sign-up for any program—just call to register.
- Receive the monthly newsletter with all O’Brien Center information and events.

NEW THIS YEAR:

This membership program allows you to fill out only one waiver to attend any and all programs for the whole year. Fee-based programs may still require an additional sign-up form.

Our programs: Check box by each program to receive more information.			
Fee-based Programs	✓	FREE Programs	✓
Out-of-School Care		Summer meals for kids	
THRIVE Summer Program		Underground Teen Center	
Vacation Camps		Community Potlucks (monthly)	
Youth Basketball		Jr. Iron Chef (Mar)	
Youth Soccer		Girls’ Day (April)	
		Fishing Derby (May)	
Don't miss out on these great programs. Scholarships are available.			

PARENT/GUARDIAN INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

E-mail address _____

Please send me the newsletter: by e-mail by regular mail

EMERGENCY CONTACT (during program operation hours):

Name _____ Relationship _____ Phone _____

PARTICIPANT INFORMATION: (attach additional sheet for more than 3 children)

Name Birth Date Grade

1. _____

2. _____

3. _____

Please list any medical conditions, physical limitations or other restrictions of the participant:

Turn page

WAIVER & RELEASES (please initial each item and sign):

I am fully aware of the risk inherent and hereby give my consent for the name(s) listed above to participate in the program(s) indicated. I agree to hold harmless the City of Winooski and its employees, elected officials or any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for the participant(s) to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that there are no limitations for the participant(s) except as stated above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Initial here _____

I give my permission to use photos taken of my child for promotional purposes.

Initial here _____

I give my permission to transport my child during program field trips.

Initial here _____

Parent/Guardian Signature _____ *Date* _____

PAYMENT OPTIONS (please check one of the following):

- I have enclosed \$10 in cash.
- I have enclosed a check for \$10 made out to the "City of Winooski".

Please return this form and payment to the Department of Recreation and Community Wellness offices located in the O'Brien Community Center at 32 Malletts Bay Ave, Winooski, VT 05404.